FOR OFFICE USE ONLY				
Board Member Signatures				



FOR OFFICE USE ONLY
Application Approved:
License Number:
Issue Date:
ID#:
Receipt #:
Signature of Board Administrator

Rhode Island Board of Dietetics Practice

Room 105 3 Capitol Hill Providence, RI 02908-5097

Instructions and Application For License As A

A	Applicant - Print Name (First/MI/Last)
	Graduate Dietitian/Nutritionist
	Dietitian/Nutritionist

Phone: (401) 222-5888 TTY/TDD: (800) 745-5555 Fax: (401) 222-3352

GENERAL INFORMATION

Enclosures

The following materials and information should be enclosed within this application packet: Application Process Overview	3
Instructions for Completing Application	
Application Materials	
Application	5-8
Application Checklist	9
Professional Reference Form(s)	10-12
Interstate Verification Form - Other State License(s)	13

Licensure Requirements

All Applicants

- · Completed, notarized application.
- Fee of **\$62.50**.
- Recent passport type photograph.
- Birth Certificate (*original or a copy notarized as being a true copy of the original*), or if born outside the United States, proof of citizenship or lawful alien status, (*original or a copy notarized as being a true copy of the original*).
- Official Transcripts with completion of Bachelor's or Masters Degree, from an accredited College or University, with a program in nutrition or dietetics.
- 3 Professional Reference Forms (pages 10 12) presented in sealed envelope(s).

With Examination (Graduate Dietition/Nutritionist)

- Graduate Dietition: Dietetic experience developed by your college/university must be completed.
- Nutritionist: Requires pre-approval and approval upon completion of a dietetic experience of your own design which meets ADA guidelines. Please review application deadlines set by CDR.

Registered Dietitian

- Current registration as a registered dietitian by the Commission on Dietetics Registration. Verification must be mailed by Commission to the Department of Health, Board of Dietetics Practice.
- If also licensed in another state, the "Interstate Verification Form Other State License(s)" (page 13) is provided for this purpose.

Rules and Regulations/Laws

The Rules and Regulations "Pertaining to the Licensure of Dietitians/Nutritionists (R5-64-D/N)" can be obtained at the following web site:

http://www.rules.state.ri.us/rules/released/pdf/DOH/DOH_193_.pdf

Title 5, Chapter 64, entitled: <u>The Licensed Dietitian</u> can be downloaded at the following website:

http://www.rilin.state.ri.us/statutes/title5/5-64/index.htm

APPLICATION PROCESS OVERVIEW

The licensure process in the State of Rhode Island is conducted by the Rhode Island Department of Health (HEALTH), Office of Health Professionals Regulation, and the Rhode Island Board of Dietetics Practice (Board).

<u>Application Process</u>

In addition to the application, you must submit additional information directly to the Board. All items listed on the "checklist" (page 9) must be submitted for an application to be considered complete. All applications are considered valid for 1 year from the day they are received at HEALTH. If you are approved to take the examination, the examination approval process does not expire within one year.

Professional Reference Forms (Pages 10 -12) must be presented in sealed envelopes, either by mail directly from the reference, or submitted by the applicant in an envelope sealed with the reference's signature.

All material must be received 30 days prior to a scheduled Board Meeting in order to be considered for licensure

Please allow a minimum of 4-6 weeks for the entire licensure process to be completed. If you have malpractice criminal or disciplinary history, in Rhode Island or another state, it can take an additional 2 or 3 months for all pertinent documentation to be received, and a decision to be made regarding issuance of your license.

Licenses will be issued within 7-10 working days following approval of the license. Wallet-sized license cards are mailed within 3 weeks from the date of issuance, and are mailed to the address furnished in the application. You are responsible for notifying the Board office, in writing, if your address changes in the interim. The Board may be emailed an address change. The email address is located at the following web site.

http://www.health.ri.gov/hsr/professions/diet.php

To obtain your license number prior to receiving your license card, please refer to the HEALTH Licensee Lookup web site:

http://www.health.ri.gov/hsr/professions/license.php

HEALTH will not, for any reason, accelerate the processing of one applicant at the expense of others. Once completed, the application will be reviewed, and you will be contacted in writing.

Please continue to review the remaining portions of this application packet for instructions and other materials necessary to complete the application. If you have any questions about this application process, or would like to check on the status of your application, please contact the board staff at (401) 222-5888.

INSTRUCTIONS FOR COMPLETING THE LICENSE APPLICATION

Read the following instructions and those throughout the application packet carefully before completing the application. **Only complete applications with the appropriate fee will be accepted.** Failure to submit all required information and appropriate documentation may result in processing delays.

General Instructions

- 1. Make a copy of the application and forms before you begin in case you make a mistake.
- Type your information or print in blue or black ball-point pen. HEALTH staff will not make assumptions about illegible information.
- 3. Provide a response to each section or question; otherwise mark "N/A" for Not Applicable.
- 4. We suggest that you make a copy of your completed application before submitting it to HEALTH.
- 5. It is your responsibility to check on the status of your application.

Completing your Application

- Complete the application (pages 5-8). You must respond to <u>all</u> components of the application as instructed. If you
 attach separate pages in continuation of the application, such pages **MUST** clearly indicate the section for which such
 information is being reported.
- 2. Make check or money order (in U.S. funds only) for the application fee of \$62.50 payable to Rhode Island General Treasurer and staple it to the upper left-hand corner of the first (Top) page of the application. This application fee is NON-REFUNDABLE.
- 3. Attach: For those born in US: An original or notarized copy of birth certificate. For those born outside US: An original or notarized copy of citizenship or lawful alien status.
- 4. Affix a recent **2 X 2 photo** of yourself in the space provided (page 8).
- 5. Request a completed official transcript **sent directly** from the accredited college/university to the Office of Health Professionals Regulation, Board of Dietetics Practice. <u>No student copies will be accepted.</u>
- 6. Request verificaton from Commission on Dietetics Registration sent directly to Board.
- 7. (If licensed in another state): Please send the license verification form on page 13 to all states in which applicant holds or has held a license. Be sure to sign and complete the identifying information on the form. HEALTH must receive these verifications directly from the licensing authority in each state.
- 8. Mail the application and documentation to:

Rhode Island Department of Health Board of Dietetics Practice, Room 105 3 Capitol Hill Providence, RI 02908-5097



State of Rhode Island and Providence Plantations Board of Dietetics Practice

Application for License as a Dietitian/Nutritionist or Graduate Dietitian/Nutritionist

Refer to the Application Instructions when completing these forms. Type or block print only. Do not use felt-tip pens. 1. Name(s) Title (i.e., Mr., Mrs., Ms., etc.) This is the name that will be printed on your License/Permit/ First Name Certificate and reported to those who inquire about your Middle Name License/ Permit/ Certificate. Do not use nicknames, etc. Surname, (Last Name) NOTE: It is your responsi-Suffix (i.e., Jr., Sr., II, III) bility to notify the Department of Health Board of any name Maiden Name, if applicable changes. Name(s) under which originally licensed in another state, if different from above (First, Middle, Last). 2. Social Security Please Refer to "Mandatory Addendum to License Application" on the last page of this application Number U.S. Social Security Number 3. Gender Female Male 4. Date and Place 1 of Birth Day Month City and State; OR Province and Country, etc., if NOT U.S. 5. Home 1st Line Address (Apartment/Suite/Room Number, etc.) **Address** It is your responsibility to notify the board of all 2nd Line Address (Number and Street) address changes. No professional City State Zip Code licensee's address (residence or business/ employment) will be Country, If NOT U.S. Postal Code, If NOT U.S. posted on the Department's Web site. Home Phone Home Fax Email Address (Format for email address is Username@domain e.g. applicant@isp.com) 6. Business Name of Business/Work Location **Address** (ONLY if it is 1st Line Address (Department/Suite/Room Number, etc.) **RELATED** to your license.) Second Line Address (Number and Street) It is your responsibility to notify the board of all address changes. City Zip Code This address will Country, If NOT U.S. Postal Code, If NOT U.S. appear on the Department of Health web site. **Business Phone** Extension **Business Fax**

Applicant: Print your complete last name > 7. Preferred Please use my **Home Address** as my preferred mailing address Mailing **Address** Please use my **Business Address** as my preferred mailing address Please check ONE NOTE: The preferred mailing address that you indicate is the address that will be released for all requests for that information. 8. Qualifying **Education** $\label{thm:condition} \textbf{Type of School (University, College, Technical School, etc.)}$ Please list the name and information about the school that you attended that Name of School qualifies you for **Date Graduated** this license. Month Year Degree Received 9. Other State Have you ever held, or do you currently hold, a license in another state? Yes No License(s) Please answer the question and list state(s), if applicable If the answer to this question is "yes", enter all other state licenses in Question 10 (below):

10. Licensure

List all states or countries in which you are now, or ever have been licensed to practice your profession*.

State/Country:			State/Country:		
	Active	☐ Inactive		Active	☐ Inactive
	☐ Active	☐ Inactive		☐ Active	☐ Inactive
	Active	☐ Inactive		☐ Active	☐ Inactive
	Active	☐ Inactive		Active	☐ Inactive
	☐ Active	☐ Inactive		☐ Active	☐ Inactive
	Active	☐ Inactive		Active	☐ Inactive
	Active	☐ Inactive		Active	☐ Inactive
	☐ Active	☐ Inactive		Active	☐ Inactive
	Active	☐ Inactive		☐ Active	☐ Inactive
(*You must also reque	st a Licens	se Verification	(page 12) from all states th	nat are liste	ed above)

Applicant: Print your complete last name >

11. Criminal Convictions Respond to the question at the top of the section, then list any criminal conviction(s) in the space provided. If necessary, you may continue on a separate 8½ x 11 sheet of paper.	Have you ever been convicted of a violation, plead Nolo Contendere, or entered a plea bargain to any federal, state or local statute, regulation, or ordinance or are any formal charges pending? Abbreviation of State and Conviction¹ (e.g. CA - Illegal Possession of a Controlled Substance):	Yes Month	Year
12. Disciplinary Questions Check either Yes or No for each question.	Has any Health Professional license, certificate, registration, or permit you hold or have held, been disciplined or are any formal charges pending? Have you ever been denied a license, certificate, registration or permit in any state?	Yes Yes	No No
	Note: If you answer "Yes" to any question, you are required to furnish complete details, including and disposition of the matter. You may use the space below or, if needed, on a separate sheet of		, reason

13. Affidavit of **Applicant**

Complete this section and sign in the presence of a notary public.

Make sure that you and the notary public have completed all components accurately and completely.

I,, being first du	uly sworn, depose and say that I am the
person referred to in the foregoing application and supporting of	documents.

I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice as a Licensed Dietition/Nutritionist in the State of Rhode Island.

I understand that my records are protected under the Federal and State Regulations governing Mental Health Patient Records and cannot be disclosed without my written consent unless otherwise provided in the law. I understand that my records are protected under the Federal and State Laws and Regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided in the regulations.

I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Board of Dietetics Practice of any change in the answers to these questions after this application and this affidavit is signed.

Signature of Applicant	Date of Signature (MM/DD/YY)

The foregoing instrument was acknowledged before me this	day of
, 20, by	,
who is personally known to me or has produced	
as documentation and did / did not take an oath.	

Name of Notary (Print, Type or Stamp)	Signature of Notary	 Notary Seal
Natural National State of the National State	Commission Funitation Date (AM/DDAA)	
Notary No/Commission No.	Commission Expiration Date (MM/DD/YY)	

14. Recent **Photograph**

Securely tape or glue in this square a current 2" x 2" photograph of yourself (alone).

Photographs must be recent, passport type photo, clear, front view, full face without a hat or dark glasses.

Full length photos will not be accepted.





Write your name on the back of the photograph, and provide the date that the photograph was taken.

Date of Photograph

.

APPLICATION CHECKLIST

Please review the following checklist to ensure that all the components of the application process have been satisfied. Some items may not apply.

Board Applic	<u>cation</u>
Ihave	e read and understand the "Instructions for Completing the Application".
I have	e completed the application as instructed (pages 5-8).
I have	e attached the cover page of the application.
I have	e completed Section 13, "Affidavit of Applicant", and had the form notarized by a notary public.
	e attached a photograph to Section 14, " Recent Photograph " as instructed. I have verified that it meets the ograph requirements as stated in the application.
outsic	e attached a birth certificate (<i>original or a copy notarized as being a true copy of the original</i>), or if born de the United States, proof of citizenship or lawful alien status, (<i>original or a copy notarized as being a true of the original</i>), and understand that submitted documents will not be returned.
"Rho	e a check or money order (preferred), made payable (in U.S. funds only) to the ode Island General Treasurer " in the amount of \$62.50 and attached it to the upper and corner of the cover page (top page) of the application.
I have	e arranged my Application materials in the following order:
1.	Fee (attached as instructed).
2.	Board Application (including cover page) and pages 5-8.
3.	Supporting documentation as required. [Note: Pages containing additional information in continuation of the Board application MUST indicate the section for which the information is being reported.]
I have	e mailed the above application materials directly to the Rhode Island Board of Dietetics Practice.
☐ I have	e reviewed the Rules and Regulations of Pertaining to the Licensure of Dietitians/Nutritionists.
Required For	<u>rms</u>
I have	e completed and mailed the following forms as instructed:
1.	Three (3) Professional Reference Forms
Other Docum	<u>nents</u>
I have	e requested an official school transcript as instructed.
[I have	e requested a verification letter from Commission on Dietetics Registration.



Substitute forms are not acceptable, 3 Professional Reference Forms are required per application, copy this form as needed.

Rhode Island Board of Dietetics Practice

Room 105, 3 Capitol Hill Providence, RI 02908-5097 (401) 222-5888

PROFESSIONAL REFERENCE FORM - (NOTE: 3 Forms Required per Application)

I am applying for a license to practice as a Dietition, Dietetics Practices requires that the following form I Dietetics Practice with all information of any kind qualifications as an applicant. By signing this form, provision of such information	be completed by "3 Professional References". T d which the professional reference may, at his	The purpose is to provide the sor her absolute discretion	e Rhode Island Board on, deem relevant to my
Print/Type Full Name	Signature		Date
Previous Names Used	Social Security Number		Date of Birth
THIS SECTION TO BE O		nce in an envelope and sea	eal, signing your name
the Board at the above address. The Board assur Board your recommendation, should the Board des	umes that you, in recommending this candidate,		
Name of Professional Reference:	Relation to Applicant (e.g. Supervisor, teacher, etc):	Length of Tme applicant known by	/ Professional Reference:
Questions:	I	(From Month & Year to Mo	onth and Year)
What is the extent of knowledge by professions	al reference of applicant's professional and ethi	ical behavior?	erate
2. What is the amount of time spent by the applica	ant in dietetics; if part-time, indicate hours/weeks		S
3. What is the title of applicant's position and the	name of the organization?		
4. Please provide a short description of the application	cant's duties and responsibilities:		
5. What is the area of the applicant's specialties?			
6. Please provide the extent and degree of superv	vison exercised by the applicant in his/her positi	on:	
7. Do you certify that the applicant is an individual o	of Good Moral Character?	o (If No, Please Explain):	
Quality and Extent of Endorsement	t: ☐ Without Reservation ☐ Some Reserv	ation (explain)	commendation (explain)
Signature	Date		registered, licensed or
		certified Die □ Yes	ietitian?
Type or Print Name	Title	If Yes, Plea Registratio	ase Indicate State and on/Certification License
Name and Address of Organization		Number: S License Nu	



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Rhode Island Board of Dietetics Practice

Room 105, 3 Capitol Hill Providence, RI 02908-5097 (401) 222-5888

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Print/Type Full Name	Signature		Date
Previous Names Used	Social Security Number		Date of Birth
TIME SECTION TO BE CO	CAADI ETED BY THE DDOFFS	O'ONAL DEFE	DENOE*
*Special Instructions to the person providing the across the seal. Return to the Applicant who has been the Board at the above address. The Board assume Board your recommendation, should the Board desired.	peen instructed to include your sealed reference thes that you, in recommending this candidate, we tire to contact you at a later date.	nce in an envelope and be in his/her application will be willing to interpo	nd seal, signing your name packet, or return directly to pret or to substantiate to the
Name of Professional Reference:	Relation to Applicant (e.g. Supervisor, teacher, etc):	Length of Tme applicant kno	own by Professional Reference
Questions:		(From Month & Yea	ar to Month and Year)
What is the extent of knowledge by professional	reference of applicant's professional and ethic		Limited Moderate Thorough
2. What is the amount of time spent by the applicant	it in dietetics; if part-time, indicate hours/weeks	or percentages based	I on a 40 hour week:
3. What is the title of applicant's position and the na	ame of the organization?		
4. Please provide a short description of the applicant	ant's duties and responsibilities:		
5. What is the area of the applicant's specialties?:			
6. Please provide the extent and degree of supervis	son exercised by the applicant in his/her position	on:	
7. Do you certify that the applicant is an individual of	f Good Moral Character? Yes No	(If No, Please Explain	1):
Quality and Extent of Endorsement :	: ☐ Without Reservation ☐ Some Reserva	ation (explain)	Recommendation (explain)
Signature	Date	certifie	ou a registered, licensed or ed Dietitian?
Type or Print Name	Title		, Please Indicate State and
Name and Address of Organization		Numbe	stration/Certification License ber: Statese Number



Substitute forms are not acceptable, 3 Professional Reference Forms are required per application, copy this form as needed.

Rhode Island Board of Dietetics Practice

Room 105, 3 Capitol Hill Providence, RI 02908-5097 (401) 222-5888

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Print/Type Full Name	Signature		Date
Previous Names Used	Social Security Number		Date of Birth
TIME SECTION TO BE CO	CAADI ETED BY THE DDOFFS	O'ONAL DEFE	DENOE*
*Special Instructions to the person providing the across the seal. Return to the Applicant who has been the Board at the above address. The Board assume Board your recommendation, should the Board desired.	peen instructed to include your sealed reference thes that you, in recommending this candidate, we tire to contact you at a later date.	nce in an envelope and be in his/her application will be willing to interpo	nd seal, signing your name packet, or return directly to pret or to substantiate to the
Name of Professional Reference:	Relation to Applicant (e.g. Supervisor, teacher, etc):	Length of Tme applicant kno	own by Professional Reference
Questions:		(From Month & Yea	ar to Month and Year)
What is the extent of knowledge by professional	reference of applicant's professional and ethic		Limited Moderate Thorough
2. What is the amount of time spent by the applicant	it in dietetics; if part-time, indicate hours/weeks	or percentages based	I on a 40 hour week:
3. What is the title of applicant's position and the na	ame of the organization?		
4. Please provide a short description of the applicant	ant's duties and responsibilities:		
5. What is the area of the applicant's specialties?:			
6. Please provide the extent and degree of supervis	son exercised by the applicant in his/her position	on:	
7. Do you certify that the applicant is an individual of	f Good Moral Character? Yes No	(If No, Please Explain	1):
Quality and Extent of Endorsement :	: ☐ Without Reservation ☐ Some Reserva	ation (explain)	Recommendation (explain)
Signature	Date	certifie	ou a registered, licensed or ed Dietitian?
Type or Print Name	Title		, Please Indicate State and
Name and Address of Organization		Numbe	stration/Certification License ber: Statese Number



Substitute forms are not acceptable, One (1) form is required for each state in which you hold, or have held a license. Copy this form as needed.

Rhode Island Board of Dietetics Practice

Room 105, 3 Capitol Hill Providence, RI 02908-5097 (401) 222-5888

INTERSTATE VERIFICATION FORM - OTHER STATE LICENSE(S) (One form for each state)

I am applying for a license to practice as a Dietitian/Nutritionist or Graduate Dietitian/Nutritionist in the State of Rhode Island. The Rhode Island Board of Dietetics Practice requires that the following form be completed by the jurisdiction(s) in which I hold or have held a license. This constitutes authority for you to release all information in your files, favorable or otherwise, directly to the Rhode Island Board of Dietetics Practice at the above address. Print/Type Full Name Signature Date Previous Names Used Social Security Number Date of Birth License Number Date Issued THIS SECTION TO BE COMPLETED BY THE DIETETICS BOARD Directions for State Board: Please complete and return this form to the address above with copies of any verification of supervision received* after the applicant received their appropriate degree. Please verify requirements met in your state: Licensed by Examination? Degree from an Accredited School? If not by examination, how was license obtained? Yes Yes No ∐ No Endorsement (State) Other (Explain) Original Date Issued: **Expiration Date:** Applicant has completed and passed the National Certification Exam: License Status: Yes No Score_ Level of Exam: ☐ Active ☐ Inactive ☐ Lapsed Questions: 1. Has this licensee ever been investigated by your Board? ☐ Yes □ No 2. Has this licensee incurred any disciplinary proceedings in your state, or is any action pending? Yes No 3. Has the applicant's license ever been denied, surrendered, reprimanded, suspended, revoked or placed No Yes on probation? 4. Do you know of any information that may discredit this person? ☐ Yes ☐ No If you answer "Yes" to questions 1-4, please provide a written explanation below, and attach a copy of all supporting documentation (e.g., Board order, complaint, etc.). Certification: Signature Date Type or Print Name Please Affix **Board Seal Here** Title Full Name of Licensing Board

Please return directly to the Board at the above address. Thank you for your prompt cooperation.

State of Rhode Island and Providence Plantations



DEPARTMENT OF HEALTH

Office of the Director
Cannon Building
3 Capitol Hill
Providence, RI 02908-5097

Mandatory Addendum to License Application

Verification of Social Security Number/Federal Employer Identification Number and affidavit concerning taxpayer status

Pursuant to Chapter 75 of Title 5 of the Rhode Island General Laws, as amended, any person applying for or renewing any license, permit, or other authority to conduct a business or occupation within Rhode Island must have filed all required state tax returns and paid all taxes due the state or must have entered into a written installment agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator.

I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have either paid all taxes due the state or have entered into a written installment agreement with the Rhode Island Division of Taxation.

Signature	Date	Social Security Number (SSN) or Federal Employer Identification Number (FEIN)

Furnishing the SSN and/or FEIN is mandatory. The SSN and/or FEIN will be transmitted to the Rhode Island Division of Taxation pursuant to Chapter 75 of Title 5 of the Rhode Island General Laws, as amended.

This form <u>MUST</u> be completed, signed and attached to your license application in order for us to process your application.